## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
National Nuises Office for Fatient Frotection	C C00490375
	M = M / D = D / Y = Y = Y
Check if X 24-hour report 48-hour report New report Amends report file	ed on
Full Name of Payee Pacific News Service dba New America Media	Date of Public Distribution/Dissemination  05 / 24 2016
Mailing Address 209 9th St	
Suite 200	Amount
City State Zip Code	90599.48
San Francisco CA 94103	Transaction ID : D734829  Date of Disbursement or Obligation
Purpose of Expenditure Ad  Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ce Sought: House District:00
Bernie Sanders Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought  Discussion 191431.23	bursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
UPTE UCLA	05 24 2016
Mailing Address 1015 Gayley Ave	Amount
Suite 301	Amount
City State Zip Code	150.00
Los Angeles CA 91506	Transaction ID : D735531  Date of Disbursement or Obligation
Purpose of Expenditure Site Rental  Category/ Type	05 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Bernie Sanders Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought  Dis 20'	bursement For: Primary General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures	90749.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Martha Kuhl  [Electronically Filed] Date	05 25 2016
Signature	